

DRINKING WATER ANALYSIS – INORGANIC

System Name _____ PWS ID # _____

Address _____ Facility Name _____

City _____ Facility ID # _____

State _____ Zip _____ Laboratory ID# _____

Sample Address _____ Laboratory Name _____

Collection Date

MM	DD	YY
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Sample Type

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Laboratory Sample # _____

Contaminant ID and Name	MCL Mg/l	Analysis Results		Analysis Methods	Analysis Date
		Sign(<)	mg/l		
1074 – Antimony	0.006				
1005 – Arsenic	0.05				
1010 – Barium	2				
1075 – Beryllium	0.004				
1015 – Cadmium	0.005				
1020 – Chromium	0.1				
1024 – Cyanide	0.2				
1025 – Fluoride	4.0				
1035 – Mercury	0.002				
1036 – Nickel	0.1				
1045 – Selenium	0.05				
1055 – Sulfate (RMCL 250 g/l)	-				
1085 – Thallium	0.002				
1052 - Sodium	50				

☐ Check if MCL has been exceeded. (SEE BACK OF FORM FOR INSTRUCTIONS)

☐ Confirmatory Sample will follow.

Form prepared by: _____ Owner/Operator or _____ Laboratory Phone No. (____) _____

Print Name _____ Signature _____ Date _____

SAMPLE TYPE

C – Confirmatory P – Plant Tap (Treated Water) Sample S – Special Sample

EPA ANALYSIS METHODS FOR INORGANICS

Indicate the Analysis Method # for the appropriate approved method as referenced in the Federal Register, 141.23(k) or an equivalent as determined by USEPA and certified by the NJDEP Office of Quality Assurance.